



Badge # _____

Year _____

APPLICATION FOR TAXI CAB DRIVER'S LICENSE**RENEWAL FORM**

Name _____ DOB ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Ks. D.L. Number _____ Expires ____ / ____ / ____

SSN _____ M ____ F ____ Weight _____ Height _____ Hair _____ Eyes _____

Are you currently employed by a taxi service? If yes, which one? _____
.....***YOUR RECORDS WILL BE CHECKED!******FAILURE TO LIST FULL AND CORRECT INFORMATION WILL RESULT IN DENIAL OF THIS APPLICATION.*****IN THE LAST YEAR:**Have you been convicted of a felony or misdemeanor? **Yes** ☐ **No** ☐ If yes, when, where and for what offenses.

DATE	WHERE	OFFENSE

Have you had a diversion or conviction for Driving Under the Influence? **Yes** ☐ **No** ☐ If yes, when and where.

DATE	WHERE

Have you had any traffic convictions? **Yes** ☐ **No** ☐ If yes, when, where, and why.

DATE	WHERE	WHY

Has your driver's license been suspended or revoked? **Yes** ☐ **No** ☐ If yes, when, where, and why.

DATE	WHERE	WHY

List all accidents you have had while driving, even those not your fault.

DATE	WHERE	WHY

(OVER)

I understand that this application must be submitted to the City Clerk's office with the application fee. I agree to comply with all requirements of the Salina Code and regulations relating to taxi drivers. **I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I understand that my records will be checked and if I am found to have misrepresented the facts in this application it will be denied.**

Date _____ Signature _____

Fee paid \$ 10.00 Receipt No. _____ Date _____ Received by _____

Recommended for approval by the Salina Police Department. Yes ☐ No ☐
If No see additional information attached.

Date _____ Police Department

Approved

Date _____ City Clerk

Denied/Approved after appeal

Date _____ City Manager
Comments:

01/25/2005 DRIV